



BUSINESS LICENSE COMMISSION

COUNTY OF LOS ANGELES

374 KENNETH HAHN HALL OF ADMINISTRATION

500 WEST TEMPLE STREET

LOS ANGELES, CA 90012

(213) 974-7691

www.board.co.la.ca.us/blc



MEMBERS

SARA VASQUEZ

PRESIDENT

RENÉE CAMPBELL

VICE-PRESIDENT

SHAN LEE

SECRETARY

JAMES BARGER

COMMISSIONER

GENEVIEVE MORRILL

COMMISSIONER

June 3, 2015

Michael D. Foster

A1Ney Corporation, DBA Bergies Bar & Grill

16404 Delone St.

Santa Clarita, CA 91387

HEARING ON APPLICATION FOR ENTERTAINMENT-GENERAL/SC **BUSINESS LICENSE ID #142226**

Dear Applicant:

The Business License Commission will hold a hearing on the above matter on **Wednesday, June 10, 2015 at 9:00 a.m.** in Room 374-A, 500 West Temple Street, Los Angeles, CA 90012. Your presence is requested at this hearing. If you are unable to attend you may authorize a representative to appear on your behalf. The representative must present signed and duly notarized letter giving authorization and the reasons you are unable to appear.

RIGHT TO REPRESENTATION / FOREIGN LANGUAGE SPEAKERS

You have the right to be represented at this hearing by an attorney or other individual of your choosing and at your own cost. In the absence of a representative, you must represent yourself and the hearing will proceed as scheduled.

If you require a translator, you must arrange at your own cost to have present at the hearing either **a professional/certified interpreter or other person who is fluent in both English and your native language.** If you are unable to locate an interpreter, please contact our office and you will be provided a list of interpreting services.

Parking is available at your cost; a map is enclosed for your convenience. **Please note proceedings begin promptly at 9:00 a.m. The Business License Commission reserves the right to reschedule your hearing to a later date for failure to timely appear.**

Sincerely,

SARA VASQUEZ

President

Lupe Duron

Commission Staff

NOTICE TO PRINTER
STATE LAW REQUIRES THAT THIS
LEGAL ADVERTISEMENT SHALL BE SET
IN TYPE NOT SMALLER THAN NONPAREIL (6 PT.)

CUSTOMER CODE : Z 91085

NEWSPAPER :**NEWHALL SIGNAL**

PUBLISH 3 TIMES

1ST PUBLISHING DATE:.....**04/16/2015**
2ND PUBLISHING DATE:.....**04/23/2015**
3RD PUBLISHING DATE:.....**04/30/2015**

REPRINTS ORDERED: NONE

NOTICE OF HEARING TO CONDUCT

ENTERTAINMENT-GENERAL /SC

NOTICE IS HEREBY GIVEN THAT APPLICATION HAS BEEN
MADE TO THE LOS ANGELES COUNTY BUSINESS LICENSE
COMMISSION TO CONDUCT

ADVANCE PROOF REQUESTED

ADDRESS OF PREMISES:..... **16404 DELONE ST**
SANTA CLARITA, CA 91387
NAME OF APPLICANT:..... **A1NEY CORPORATION / DBA BERGIES BAR &**
GRILL / MICHAEL FOSTER
DATE OF HEARING:..... **06/10/2015**
TIME OF HEARING:..... **09:00 A.M.**

**“ANY PERSON HAVING OBJECTIONS TO THE GRANTING OF
THE LICENSE MAY, AT ANY TIME PRIOR TO THE DATE ABOVE NAMED, FILE WITH THE BUSINESS
LICENSE COMMISSION HIS OBJECTIONS IN WRITING GIVING HIS REASONS THEREFOR, AND HE
MAY APPEAR AT THE TIME AND PLACE OF THE HEARING AND BE HEARD RELATIVE THERETO”**

OFFICE OF THE COMMISSION:

BUSINESS LICENSE COMMISSION
500 W. TEMPLE STREET, RM 374
LOS ANGELES, CA 90012

RETURN TO:

LOS ANGELES COUNTY TAX COLLECTOR
BUSINESS LICENSE SECTION
225 N. HILL STREET RM. 109
LOS ANGELES, CA 90012



**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90012



**BUSINESS LICENSE APPLICATION REFERRAL
SUMMARY SHEET**

KIND OF BUSINESS: **ENTERTAINMENT-GENERAL /SC**

ADDRESS OF BUSINESS: **16404 DELONE ST, SANTA CLARITA, CA 91387**

TELEPHONE: **(661) 251-3133**

OWNER OF BUSINESS: **MICHAEL FOSTER**

CAL. DR. LIC.# : **[REDACTED]**

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: **BERGIES BAR & GRILL**

MAILING ADDRESS: **16404 DELONE ST, SANTA CLARITA, CA 91387**

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: **NEW LICENSE**

	<u>APPROVED</u>	<u>DATE</u>	<u>SIGNATURE</u>
<input type="checkbox"/> 1. Animal Care & Control			
<input type="checkbox"/> 2. Risk Management			
<input checked="" type="checkbox"/> 3. Building & Safety	YES	04/01/15	tchen
<input checked="" type="checkbox"/> 4. Fire Department	YES	04/03/15	tchen
<input type="checkbox"/> 5. Public Health			
<input checked="" type="checkbox"/> 6. Treasurer & Tax Collector	YES	04/06/15	tchen
<input checked="" type="checkbox"/> 7. Business License Commission			
<input type="checkbox"/> 8. Sheriff Department			
<input checked="" type="checkbox"/> 9. Regional Planning Commission	YES	04/01/15	tchen
<input type="checkbox"/> 10. Weights and Measures			
<input checked="" type="checkbox"/> 11. Publishing	YES	04/16/15	tchen
<input type="checkbox"/> 12. Public Works - EPD			
<input checked="" type="checkbox"/> 13. Sheriff Fingerprint	YES	04/01/15	tchen

Conditions:



Los Angeles County Treasurer and Tax Collector
Application for Business License



Please note: Business License fees are NOT refundable

Fee: \$ 2940.00

ID # 142226

BUSINESS INFORMATION

Type of Business: <u>ENTERTAINMENT W/DANCE, PUB/ EATING, 3 COIN-OP GAMES BIZ / RESTAURANT</u>	Address of Business: <u>16404 DELONE ST SANTA CLARITA CA 91367</u>	
	Business Telephone: <u>661.251.3133</u>	
DBA (Business Name): <u>BERGIE'S BIZ & GRILL</u>	Mailing Address: <u>16404 DELONE ST SANTA CLARITA CA 91367</u>	
Sellers Permit # (State Board of Equalization): <u>102-673468</u>		
Business Ownership Structure: Single Owner <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> If LLC or Corporation, the information below is required:		
Date of Incorporation: <u>11.10.2014</u>	Incorporated in the State of: <u>CALIFORNIA</u>	
Exact Corporate Name: <u>ASNEY CORPORATION</u>		
Names of Officers	Addresses	Titles
<u>RENEE MCALONIS</u>	[REDACTED]	<u>PRESIDENT</u>
<u>MICHAEL FOSTER</u>	[REDACTED]	<u>SECRETARY & TREASURER</u>
<u>/</u>	<u>/</u>	<u>/</u>

APPLICANT INFORMATION

Applicant's Full Name: <u>MICHAEL D. FOSTER</u>		
Home Address: [REDACTED]		
Home Telephone: <u>/</u>	Cell Phone: [REDACTED]	Email address: [REDACTED]
Social Security #: [REDACTED]	Date of Birth: [REDACTED]	Place of Birth: [REDACTED]
Driver's License or State ID#: [REDACTED]		Expiration Date: [REDACTED] / [REDACTED] / [REDACTED]
Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	Height: [REDACTED]	Weight: [REDACTED]
Hair Color: [REDACTED]	Eye Color: [REDACTED]	

The information contained herein is true and correct to the best of my knowledge and belief. As a condition of the issuance of the license applied for, I agree to submit any additional information that may be required, to conduct all phases of this business license in accordance with regulations established for such business and to maintain all trucks and/or equipment that may be used in connection therewith in conformance with all applicable laws, ordinances and regulations.

Date: 03 25 2015 Applicant's Signature: [Signature]

Application taken by: 116 Date: 3-25-15

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: ENTERTAINMENT-GENERAL /SC

ADDRESS OF BUSINESS: 16404 DELONE ST, SANTA CLARITA, CA 91387

TELEPHONE: (661) 251-3133

OWNER OF BUSINESS: MICHAEL FOSTER

CAL. DR. LIC.#: [REDACTED]

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: BERGIES BAR & GRILL

MAILING ADDRESS: 16404 DELONE ST, SANTA CLARITA, CA 91387

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

**BUILDING & SAFETY
SANTA CLARITA**

☒ APPROVAL

☐ DENIAL

RECOMMENDATION:

*We recommend approval
at this time.*

SIGNATURE:

Deanna Hamrick

DATE:

4/1/15

BASIC LICENSE NO. 8352

DATE 04/01/15

IDENTIFICATION NUMBER 142226

Mar-26-2015 02:39pm From-LACOFD FIRE MARSHAL

3238904055

T-388 P.002/007 F-188

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: ENTERTAINMENT-GENERAL/SC

ADDRESS OF BUSINESS: 16604 DELONE ST, SANTA CLARITA, CA 91387

TELEPHONE: (661) 251-3133

OWNER OF BUSINESS: MICHAEL FOSTER

CAL. DR. LIC.#: [REDACTED]

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: BERGINS BAR & GRILL

MAILING ADDRESS: 16604 DELONE ST, SANTA CLARITA, CA 91387

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

FIRE DEPARTMENT

LA COUNTY

☒ APPROVAL

☐ DENIAL

RECOMMENDATION: _____

SIGNATURE: _____

DATE: 4/1/15

BASIC LICENSE NO. 8352

DATE 03/26/15

IDENTIFICATION NUMBER 142226

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970


**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: ENTERTAINMENT-GENERAL /SC

ADDRESS OF BUSINESS: 16404 DELONE ST, SANTA CLARITA, CA 91387

TELEPHONE: (661) 251-3133

OWNER OF BUSINESS: MICHAEL FOSTER

CAL. DR. LIC.# : 

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: BERGIES BAR & GRILL

MAILING ADDRESS: 16404 DELONE ST, SANTA CLARITA, CA 91387

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE 

**TREASURER & TAX COLLECTOR
LA COUNTY**

☒ APPROVAL

☐ DENIAL

RECOMMENDATION: _____

SIGNATURE: 

DATE: 5-14-15

BASIC LICENSE NO. 8352

DATE 04/01/15

IDENTIFICATION NUMBER 142226

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: **ENTERTAINMENT-GENERAL /SC**

ADDRESS OF BUSINESS: **16404 DELONE ST, SANTA CLARITA, CA 91387**

TELEPHONE: **(661) 251-3133**

OWNER OF BUSINESS: **MICHAEL FOSTER**

CAL. DR. LIC.#: [REDACTED]

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: **BERGIES BAR & GRILL**

MAILING ADDRESS: **16404 DELONE ST, SANTA CLARITA, CA 91387**

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: **NEW LICENSE**

**REGIONAL PLANNING
SANTA CLARITA**

☒ **APPROVAL**

☐ **DENIAL**

RECOMMENDATION: approval for entertainment, OTCIS-500

SIGNATURE: 

DATE: 4/3/15

BASIC LICENSE NO. **8352**

DATE **04/01/15**

IDENTIFICATION NUMBER **142226**

✓

15.00405

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: **ENTERTAINMENT-GENERAL /SC**

ADDRESS OF BUSINESS: **16404 DELONE ST, SANTA CLARITA, CA 91387**

TELEPHONE: **(661) 251-3133**

OWNER OF BUSINESS: **MICHAEL FOSTER**

CAL. DR. LIC.#: [REDACTED]

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: **BERGIES BAR & GRILL**

MAILING ADDRESS: **16404 DELONE ST, SANTA CLARITA, CA 91387**

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: **NEW LICENSE**

SHERIFF FINGERPRINT

LA COUNTY

☒ **APPROVAL**

☐ **DENIAL**

RECOMMENDATION: _____

Approved

SIGNATURE: _____

W.P. Smith

DATE: _____

4/1/15

BASIC LICENSE NO. **8352**

DATE **04/01/15**

IDENTIFICATION NUMBER **142226**

3/26